NO.

CITY OF ANNAPOLIS SPEAKER'S REGISTRATION FORM

SUBJECT:		Meeting Date		
	All forms must be su	bmitted to the City Clerk by the time th	ne subject is called by the Mayor.	
1.	NAME:STREET ADDRESS:			
	CITY/STATE/ZIP CODE:			
	PHONE NO. (Optional):			
2.	WHAT IS YOUR POSITION ON THE SUBJECT?			
	For:	Against:	Other:	
3.	I AM REPRESENTING:			
	Myself			
	Business Ov	vner (establishment name)		
	Civic Association (name)			
	Organization (name)			
	Attorney/att	orney for		
	Other			

GENERAL INFORMATION

- To accommodate all who wish to speak, speakers should limit their remarks to no more than **3 minutes**. Speakers representing organizations will be allowed **5 minutes**.
- Written testimony of any length is welcome. Please provide 11 copies to the City Clerk.
- You may register by phone: Forms are also available on the Internet:

City Clerk's Office 410-263-1184 www.ci.annapolis.md.us.